

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 101772,089	Filing Date 2-5-04
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)	
3/26/07						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1			1				
2				1			
3							
4							
5							
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7							
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9							
10							
11							
12							
13							
14							
15							
16		1					
17							
18		1					
19		1					
20		1					
21							
22							
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25							
26							
27							
28							
29							
30							
31							
32		1					
33		1					
34		1					
35		1					
36		14					
37		14					
38		1					
39		1					
40				1			
41				1			
42				1			
43				1			
44				1			
45				1			
46				1			
47					1		
48					1		
49					1		
50					1		
Total Indep	7						
Total Depend	58						
Total Claims	65						
Total Indep	1						
Total Depend	59						
Total Claims	60						

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